

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2131

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
Encl # 2
DPS 2112
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				14,493.	74

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 14,493.74

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 6-27-58 *Payee _____
(Certificate not required when a like certificate is made by payee on attached bill or bills)

STATOTHR Per _____ Title _____ Amount verified; correct for (Signature or initials) ee 14,493.74

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ SIGN ORIGINAL ONLY Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate certificate must be given in full, as in the case of "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.
Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020072-5
Title _____
16-22900-6

STATOTHR

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020072-5

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020072-5

6/22/58

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Code	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
21	06	16	8	22459	45799		07	10	216			50	25	40	22	12501	5032	04	1	1900
21	06	16	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	1010
21	06	16	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	160
22	06	16	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	7250
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	540
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	1010
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	74
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	160
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	2000
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	3800
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	74
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	17510 *
22	06	17	8	22459	45800		07	10	216			50	25	40	22	12501	5032	04	1	17510 **

Continued to Sheet #8

Continued to Sheet #8

6/22/58

Continued to Sheet #8

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

6/22/58

FORM STL - 660

[illegible]

Continued to Sheet #18

6/22/58

continued to Hunt = 5-

6122158

FORM STL - 660

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020072-5

Slut #6

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

6/22/58

FORM STL - 660

[illegible]

continued to Sheet # 7

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

6/22/58

[illegible]

Continued to Sheet #8

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

6/22/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order		
25	06	17	8	235640	45901		07	10	127					50	25	27	20	12501	5044	36	1	650	
29	06	19	8	17774	45946		07	10	181					50	25	27	20	12501	5044	36	1	2145	
																							2795 *
																							2795 **
																							210168 ***
																							Sheet #1
																							175.10
																							Sheet #2
																							121.75
																							Sheet #3
																							559.72
																							Total
																							2,958.25